

Lincoln Police Department James Peschong, Chief of Police 575 South 10th Street Lincoln, Nebraska 68508

402-441-7204 fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

November 26, 2012

Mayor Beutler and City Council City of Lincoln City County Building Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Super Saver, 840 Fall Brook requesting a class C liquor license.

Brian Hayes has requested that he be approved as the manager of the liquor license.

Background information on the applicant will be omitted as he is a currently approved manager.

The required training has been completed.

If this application is approved the Lincoln Police Department requests the following conditions be added to the license.

The on premise consumption of alcohol shall be limited to samplings of 2 ounces or less of any alcoholic beverage

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

JIM PESCHONG, Chief of Police

PREMISSINGORYATION IN THE PROPERTY OF THE PROP
Trade Name (doing business as) Super Sover #27
Street Address #1 840 Fall brook BIVO.
Street Address #2
city Luncoln county Lancaster (C Zip Code 68521
Premise Telephone number Not assignation yet
Is this location inside the city/village corporate limits:
Mailing address (where you want to receive mail from the Commission)
Name BAR Stores, Inc
Street Address #1 4554 W Street
Street Address #2
City Luncoln State NE Zip Code 68503
DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED
In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor
area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the
entire building. No blue prints please. Be sure to indicate the direction north and number of floors of the building.
entire building. No blue prints please. Be sure to indicate the direction north and number of floors of the building. **For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms
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entire building. No blue prints please. Be sure to indicate the direction north and number of floors of the building. **For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms Length 253 feet Width 274 feet PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET
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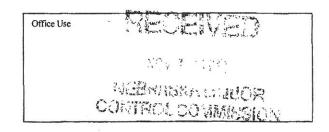
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1.						ND ACCURATELY.	d quilty to any change. Change
							d guilty to any charge. Charge n of a local law, ordinance or
							the conviction or plea. Also ges by each individual's name.
	YES		NO	0.0		one party, prease hist charg	ges by each individual's hame.
If yes	s, please of	explain below o	r attach a s	eparat	e page.		
	Name of	Applicant	Date o		Where	Description of Charge	Disposition
		Ti.	Convict (mm/yy		Convicted (city & state)		
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			201	<u>ک</u>		Watering Tick	1 1
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			* can	2	- HERALL &	xact dates	
						lear 15 al	proximate
2. Ar	e you buy	ing the business	/		iquor ncense?	,	32
X.		YES	V NO)			
		give name of but			icense number		
	a) Subr b) Inclu	nit a copy of the ade a list of alcor	sales agreen ol being pu	nent rchase	d, list the name bra	nd, container size and ho	w many
		nit a list of the fu					
/3. W	as this pro	emise licensed as	liquor licer	ised bu	usiness within the I	ast two (2) years?	
		YES	NC NC)			10: 1 - 12P
	If yes,	give name and lie	cense numbe	er			A STATE OF THE STA
/A AT	e von filir	ng a temnorary o	neratino ner	mit to	operate during the	application process?	INTEROL OCHMISSIES
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		YES	☑ NC)			
		nch temporary op 0,P. will only be a				olds a valid liquor license	e.
5. Aı	re you bor	rowing any mone	ey from any	source	e, include family or	r friends, to establish and	or operate the business?
		YES)			
	If ves.	list the lender(s)	Furs	+ 1	Jational	Bank of	Omaha

APPLICATION FOR LIQUOR LICENSE CORPORATION INSERT - FORM 32

NEBRASKA LIQUOR CONTROL COMMISSION 301 CENTENNIAL MALL SOUTH PO BOX 95046 LINCOLN, NE 68509-5046 PHONE: (402) 471-2571 FAX: (402) 471-2814 Website: www.lcc.ne.goy



Officers, directors and stockholders holding over 25% shares of stock, including spouses, are required to adhere to the following requirements:

- 1) All officers, directors and stockholders must be listed
- 2) President/CEO and stockholders holding over 25% and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Officers, directors and stockholders holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

	Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)
	Name of Registered Agent: Bah Sloves, Inc. / Patrick Ray Data
	Name of Corporation that will hold license as listed on the Articles
	BAR Stores, Inc. / #1
	Corporation Address: 4554 W Street
	City: Luncoln State: NE Zip Code: L8503
	Corporation Phone Number: 402-464-6297 Fax Number 402-434-5733
	Total Number of Corporation Shares Issued: 33155
1	Name and notarized signature of President/CEO (Information of president must be listed on following page)
•	Last Name: Raybould First Name: Patrick MI:
	Home Address: TO East VIEW City: LUNCOLN
	State: NE Zip Code: 68505 Home Phone Number: 402-483-9993
	Ot OAI
	Signature of President/CEO
(j) ()	ACKNOWLEDGEMENT
۲۶	State of Nebraska County of The foregoing instrument was acknowledged before me this
	11/14/12 by PATRICK RAYBOULD
(Plane of person acknowledge Affix Seal MARCENE E GARDNER Affix Seal MARCENE E GARDNER
	MY COMMISSION EXPIRES
	October 18, 2015

Distinairies of all officers, directors and stockholders including spouses (eyen if a spousal affidavit has been submitted).
Last Name: Raybould First Name: Patrick MI:
Social Security Number: Date of Birth
Title: President Number of Shares 4681
Spouse Full Name (indicate N/A if single): Chung, Janet
Spouse Social Security Number Date of Birth:
Last Name: Ray Dould First Name: RUSSELL MI: W
Social Security Numb Date of Birth
Title: Chairman of the Board Number of Shares 5888
Spouse Full Name (indicate N/A if single): See Officer below
Spouse Social Security Number: Date of Birth:
Last Name: Raybould First Name: Anta MI: C.
Social Security Number: Date of Birth
Title: Secretary Treasurer Number of Shares 2783
Spouse Full Name (indicate N/A if single): See officer above
Spouse Social Security Number: Date of Birth:
Last Name: Royhould First Name: Michael MI:
Social Security Numbe Date of Birth:
Title: Vice President Number of Shares 1783
Spouse Full Name (indicate N/A if single): Raybould, Wulb M
Spouse Social Security Number Date of Birth
The state of the s
NC : Secretary

CONTROL COMMASSION

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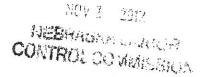
Last Name: Pay Would Social Security Numbe Title: VICC President Spouse Full Name (indicate N/A if single):	First Name: Jane MI: Date of Birth Number of Shares Herrero, Jose
Social Security Number:	First Name: Clara MI: M Date of Birth: Number of Shares L655
Spouse Social Security Number	Date of Birtl
Social Security Number:_ Title:	First Name: Gabriel MI: J Date of Birth Number of Shares 555
Spouse Social Security Number:	Date of Birth:
Social Security Number Title:	First Name: Ryan MI: B Date of Birth: Number of Shares 1955
	Date of Birth:

NOV 1: 7:000

CONTROL COMMISSION

FORM 101 REV 12/2010 Page 3 of 4 List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit ha Last Name: Raybould First Name: Julian Social Security Numbe Date of Birth: Title:_____Number of Shares 655 Spouse Full Name (indicate N/A if single): Spouse Social Security Number: _____ Date of Birth: Last Name: Raykould First Name: Jordan MI: M Social Security Number _____ Date of Birth.____ Title:______Number of Shares_________ Spouse Full Name (indicate N/A if single):_____ Spouse Social Security Number:______ Date of Birth:_____ Paybould First Name: Alison MI: L Last Name: Date of Birth. Social Security Number: Title: Number of Shares Spouse Full Name (indicate N/A if single): Spouse Social Security Number:______ Date of Birth:_____ Last Name: Paylould First Name: Bret Social Security Number: _____ Date of Birth Title: Number of Shares Spouse Full Name (indicate N/A if single): Spouse Social Security Number: ______ Date of Birth: _____





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List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted) -Tirst Name: MI: Social Security Number: Date of Birth: Title:______Number of Shares 11870 Spouse Full Name (indicate N/A if single): Spouse Social Security Number: _____ Date of Birth:_____ Last Name: First Name: MI: Social Security Number: Date of Birth: Title: Number of Shares _____ Spouse Full Name (indicate N/A if single):_____ Spouse Social Security Number: ______ Date of Birth: Last Name: _____ First Name: _____ MI: Social Security Number: _____ Date of Birth: Title: Number of Shares Spouse Full Name (indicate N/A if single):_____ Spouse Social Security Number: _____ Date of Birth: Last Name: MI: Social Security Number: _____ Date of Birth: _____ Number of Shares Spouse Full Name (indicate N/A if single): Spouse Social Security Number: _____ Date of Birth: Mary force of the second of the second

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.0	Gender:	O MALE	OFEM.	ALE	E.			38
1	Last Name:	Hayes		F	First Name: B	rian	MI:	<u> </u>
r.L.		s (include PO Box						
χεί 2 Ι΄·	City: Lin	coln		County	Lancaster	Zip Code:	6852	21
200	Home Phone	Number: (402) 4	77-7302	Bus	iness Phone Numb	per:(
	Social Securit	y Number:		1	Drivers License N	umber & State _		-NE
	Date Of Birth	•		Place	Of Birth: Nor	th Platte,	ME	
				arat Anai			ela sincon	
	ØYE.	es C)NO				2	
	STORESTICE							

10/2/3		Name: Haye			First Name:		MI:	7
100	Social Securit	y Number:		Driv	ers License Numb	er & State:_		- NE
	Date Of Birth		***************************************	Place Of Birth: Lincoln, NE				
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CONTROL COMMESSION

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER	
1987	current	BAR Stores / Super Sover	Tom Schulte	(402) 464-6297	
1986	1987	City of North Plate Parks & Bec.	IVV Clark	(308)535-6724	

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY. Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

YES

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
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			1043	2012
			CONTROL S	TEMPOR
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2.	Have you or your spouse ever been approved or made application for a liquor license in Nebraska or
	any other state? IF YES, list the name of the premise.
	SUPER SAVER
3.	Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business?
4.	Have you enclosed the required fingerprint cards and PROPER FEES with this application? (Check or money order made payable to the Nebraska State Patrol for \$38.00 per person)
	YES NO
5	List any alcohol related training and/or experience (when and where)

10/13/201

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